

**COMBINED DECLARATION AND POWER OF ATTORNEY
IN ORIGINAL APPLICATION**

ATTORNEY
DOCKET

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
AUXILIARY DEVICE FOR PLACING LARYNX COVER FOR ANESTHETIZATION

the specification of which (check one)

 X is attached hereto.

 was filed on as Application Serial No.
and with amendments through

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which may be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION

Country	Application No.	Date of Filing (day.month.yr.)	Date of Issue (day.month.yr.)	Priority Claimed	
				YES	NO

ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the United States patent and Trademark Office in connection herewith:

David E. Dougherty Registration No. 19,576 and Bruce H. Troxell Registration No. 26,592

Send Correspondence To:

Dougherty & Troxell
ONE SKYLINE PLACE
5205 LEESBURG PIKE, SUITE 1404
FALLS CHURCH, VIRGINIA 22041

Direct Telephone Calls To:
(name and telephone number)

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Joint Inventor's Signature	<i>Lin Bihchern</i>	Date
Bih-Chern Lin		Dec. 28, 2001

Residence	Citizenship
5F-6, No. 8, Lane 133, Chung-Te Rd., Sec. 1, Taichung, Taiwan, R.O.C.	Taiwan, R.O.C.

Post Office Address
same as the residence

Full Name of Second Joint Inventor	Inventor's Signature	Date
---	-----------------------------	-------------

Residence	Citizenship
------------------	--------------------

Post Office Address

Full Name of Third Joint Inventor	Inventor's Signature	Date
--	-----------------------------	-------------

Residence	Citizenship
------------------	--------------------

Post Office Address

Full Name of Fourth Joint Inventor	Inventor's Signature	Date
---	-----------------------------	-------------

Residence	Citizenship
------------------	--------------------

Post Office Address